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ABSTRACT

Most evaluative research focuses on the outcome of programs, giving little attention to differences in clients' utilization of the programs' services. This study explored factors which were predictive of teenagers' participation in the Resource Mother Program, an educational support intervention program for pregnant and parenting adolescents. Subjects were 74 rural, mostly single, black, primiparous adolescents of low socioeconomic status. Subjects who agreed to participate in the program were interviewed prenatally prior to participation. The program was a home-based support program in which experienced mothers and paraprofessionals worked with the subjects prenatally through the infant's first birthday. Once the program was completed, records were examined to determine the degree of subject utilization of program services. The results suggest that differences in the teenage mother's relationship with her family and with the baby's father, environmental stressors, and preparedness for her baby were related to different patterns of program participation. The teenage mothers who actively participated were living with their families, felt they could rely on their families for financial assistance and instrumental support, and were not very involved with the baby's father. The findings have implications for the evaluation and development of support programs. (Author/NB)

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DIFFERENCES IN PARTICIPATION IN A SUPPORT PROGRAM FOR ADOLESCENT MOTHERS

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ABSTRACT

Most evaluation research focuses on the outcome of programs, giving little attention to differences in clients' utilization of the programs' services. This study explores factors which are predictive of teenagers' participation in a program for adolescent pregnancy. Pregnant teenagers having their first child were interviewed prenatally prior to participation in the program. Once the program was completed, one year after their child's birth, records were examined to determine the degree of their utilization of program services. The results suggest that differences in the teen's relationship with her family and the baby's father, environmental stressors, and preparedness for her baby were related to different patterns of program participation. The findings have implications for the evaluation and development of support programs.

DIFFERENCES IN PARTICIPATION IN A SUPPORT PROGRAM FOR ADOLESCENT MOTHERS

The problems associated with children having children are numerous. Teenage mothers are more likely than older mothers to be at risk for perinatal complications and developmental problems (Sacker & Neuhoﬀ, 1982). Early childbearing is associated with inadequacies in prenatal care, lower educational achievement and income, and a higher probability of marital instability and divorce compared to women who become mothers at a later age. Children of teenage mothers are likely to be low in birthweight and have lasting deficits in IQ and achievement (Broman, 1981).

While several types of programs have developed in response to the problem of pregnant and parenting teens (Hayes, 1987), we know little about the utilization of these services. Most research on human service programs focuses attention on the outcome of the intervention for all participants and gives little consideration to differing levels of client involvement in a program. Given the numerous problems, multiple needs, and complex lives of teenage mothers, it is unlikely that all teenage mothers will respond and be receptive to an intervention in similar ways. By understanding different patterns of participation in a program we may begin to develop programs which take into account the different needs and social environments of teen parents.

An educational support intervention, the Resource Mother Program, which was developed for pregnant and parenting teens, is presented in this paper. Over the course of the program, some teen parents participated more than others. Prenatal differences of mothers in the program were predicted to be related to differing levels of participation after their child was

born. It was hypothesized that certain "enabling" factors involving family and partner support would be present in order for the teen to utilize the program's services (cf. Andersen & Newman, 1973). The severity of problems experienced as a result of the pregnancy as well as the teen's interest and investment in raising her child would also predict more active involvement in the program (Bice & White, 1969; Wandersman, 1981).

Method

Subjects

Subjects were 74 rural, mostly single, Black, primiparous adolescents (M = 16 years old) of low socioeconomic status. All teens had agreed during their pregnancy to participate in the Resource Mother Program. The Program was a home-based educational support intervention. "Resource Mothers," who were experienced mothers and paraprofessionals, worked with the teens prenatally through their infant's first birthday. The overall goal of the Resource Mother Program was to support the development of health and competence of rural teenage mothers and their babies. The emphasis was on enhancing the strengths of the mother and her social environment, and on providing new strategies for coping with problems. The specific aims included: (a) increasing appropriate use of medical and social services, (b) reducing perinatal complications, (c) improving maternal childrearing attitudes and parenting behaviors, (d) promoting maternal competence and sense of control, (e) promoting infant competence, and (f) reducing social isolation. Table 1 outlines the structure of the Resource Mother visits.

Procedure

Teens were recruited as early in pregnancy as possible, most by their second trimester. All teenagers were then interviewed prenatally. The interview was structured with closed-ended questions which assessed: 1) the teen's feelings about having a baby; 2) her preparedness for parenthood and her plans for child care; 3) a checklist of pregnancy related health problems; 4) her knowledge about pregnancy, labor, and delivery; 5) her knowledge about babies and their development; 6) support from her family and the baby's father; and 7) her participation in health and social service programs.

Throughout the course of the intervention, records were kept of the number of home visits Resource Mothers completed with the teen mothers. When the teen's child was one year old, the client "graduated," and the file was completed. Approximately one year's worth of completed files were reviewed and coded to separate the subjects into participation groups. The three groups were: 1) actives (N = 52)—having 7 or more postnatal home visits; 2) inactives (N = 22)—having 6 or less postnatal visits; and 3) movers (N = 14)—having less than 6 postnatal visits and moved out of their county and, consequently, the catchment area of the program. Only the actives and inactives are included in analyses reported in this paper.

Results

The majority of the active participants of the Program lived with their parents and expected financial and child care assistance from their families as shown in Table 2. About half had infrequent or only occasional contact with the baby's father. Few of the mothers were expecting the

baby's father to be a major source of financial assistance. More of the actives were getting prepared for the baby's arrival, for example, by receiving things for the baby or reading about what to expect. They also participated in more programs that would help their pregnancy and baby (e.g., WIC, prenatal care) than the inactives.

In contrast to the active participants, the inactives were more likely to be living with nonparental relatives and the baby's father prior to delivery. There was much more variability about who they expected would help out with their newborn. They had more contact with the baby's father than did the actives and they were more likely to expect the baby's father to be a source of financial help in the future.

There were no significant differences between the groups in the girl's knowledge about pregnancy, infants, or the mothers' ages. Across the groups, most of the teens said they never intended to get pregnant when they did. The majority felt they knew how to take care of a baby and be a good mother, although half indicated some worries or concerns about caring for their child.

Discussion

The teen mothers that actively participated were living with their families, felt they could rely on their families for financial assistance and instrumental support, and were not very involved with the baby's father. The actives also differed from the inactives by being more involved in preparations for their child. Living with their families, the actives probably had more access to information and resources as well as "prodding" from their parents to help them get ready for the baby.

Most of the inactives had much more involvement with the baby's father. They had more contact with him and had expectations of his future help with child care and financial support. Their family's support seemed less certain and not their primary source of support. These different patterns of reliance on providers of support between the actives and inactives are consistent with Furstenberg's (1980) observation that support from the mother's family and the baby's father often do not function as complementary sources of support.

To develop effective intervention programs for teen parents it is necessary to focus on the teen within the context of her family (Ooms, 1984). Families have a primary influence in enabling the teen's use of a program. How families influence the teen's use of services is not clear. It may be that when families provide sufficient support, the teen has enough resources to make use of a support program rather than having to attend constantly to basic economic and daily stressors.

Greater involvement of the baby's father in the inactive group compared to the active group raises some interesting questions of his role in the mother's participation. The inactive mothers may have expected the father to be supportive but, after the pregnancy, this was not forthcoming. With this lack of support, her life became more unstable and stressful, making consistent and regular participation difficult. Unger and Wandersman's (1985) finding that many of the teen mothers in this sample by eight months postpartum were no longer involved with the baby's father, lends some support to this idea. Another explanation is that the fathers might not have "approved" of their girlfriend's involvement in the program, resulting in the mothers leaving the program. Badger (1981) also notes this

phenomenon in her teenage sample. The teenage father often feels left out of the whole pregnancy and birth experience and the maternal focus of the Resource Mother Program may have been perceived by him as one more isolating experience.

While there are likely several plausible explanations, the results suggest that the role of the baby's father needs to be taken into account when planning an intervention for teen mothers. Possibly if the teen fathers had been more involved in the services of the Program, the retention rate would have been higher for the group of inactive teens. Research of programs for teen fathers is encouraging in that many teen fathers are willing to participate (Klinman, Sander, Rosen, & Longo, 1986) although their recruitment is typically very challenging. The benefits to the father, and his child, are likely to be numerous as a result of his participation.

The father's involvement, however, is a very complicated issue for teen parenting intervention programs. For the active participants, advocating father involvement may alienate the mother's family. It also may be counter to what the teen mother wants, particularly if she has started to be involved in a relationship with another man. There were a number of fathers who wanted to participate in raising their child, but many of the mothers active in the program did not want them involved. Assessing the teen's relationship to her family and the baby's father seems critical in developing appropriate interventions for the teen mother.

The development and evaluation of programs for teen parents need to focus on identifying program characteristics which work best for different teenage parents, taking into account the teenagers' families, their

partners, and social environments. Rather than trying to fit all clients and their social contexts to one program, it would be useful if we could better understand the types of clients and their social contexts which are more likely to succeed in different kinds of programs. Our understanding of the types of programs which are most useful for the varying needs and concerns of teens will only come about once we move beyond an outcome research approach. The challenge awaits us to build upon the many creative programs which have been developed for teen parents and to learn how to match these needed services with the patterns of strengths, stresses, and resources of teen parents and their families.

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TABLE 1

Outline of Resource Mother Home Visits

VISIT	FOCUS OF VISIT
<u>Prenatal:</u>	
Recruitment	Explanation of project, consent to participate, prenatal interview
3rd month	Development of trusting relationship, assessment of strengths and needs, acceptance of fetus as real baby dependent on mother
4th month	Plan for adequate diet and limiting of adverse substances
5th month	Understanding of emotional, sexual and psychological changes in mother and her relationships, explanation of conception and family planning
6th month	Understanding of stages of prenatal development, practice of good body mechanics and prenatal exercise
7th month	Recognition of signs and stages of labor, planning for labor and support person, practice slow breathing and relaxation
8th month	Preparation for hospital procedures and possible complications, practice rapid breathing and pushing, discussion and circumcision
9th month	Characteristics of newborns, feeding preparations, planning for baby care
<u>Postpartum:</u>	
1st week	Discussion of mother's feelings, individual needs of babies and ways to meet them, observing baby's responses and style
2nd week	Helping mother meet baby's needs for warmth, stimulation, safety in bathing, feeding and changing; discussion of mother's feelings; teaching how to take temperatures
4th week	Discussion of how baby learns and issues concerning her adjustment to motherhood; learn to make a mobile
6th week	Making plans for family planning, immunizations, baby exercise; make a baby gym; facilitate attendance at well-baby clinic

TABLE 1 (continued)

VISIT	FOCUS OF VISIT
3rd month	Caretaking of infant, importance of talking to baby, introducing solid foods, make rattle
4th month	Realistic expectations of infant, playing games with baby, mother's adjustment, make doll
6th month	Safe exploring, reinforcement, stimulation for baby, soft toy
8th month	Encouraging baby sounds and mother's labeling, mother's adjustment, realistic expectations of infant, make stacking cans
10th month	Increase positive reinforcement and effective discipline, make shape can
12th month	Review of progress, resources for future needs, expectations about toddlers, make string toy, receive diploma

TABLE 2

Differences between Active and Inactive Teen Mothers

Who are you currently living with? ($\chi^2(2) = 10.41, p < .005$)

	Inactive (%)	Active (%)
One or both parents	66.7	88
Family other than parents	14.3	12
Baby's father	19.0	0

How often do you see or talk to the baby's father now? ($\chi^2(2) = 6.46, p < .05$)

	Inactive (%)	Active (%)
Rarely or never	19.0	37.0
More than once a month	4.8	19.6
Nearly every day	76.2	43.4

Who will take care of the baby? ($\chi^2(2) = 5.48, p < .07$)

	Inactive (%)	Active (%)
Others all or more of the time	14.3	2.2
Share with others	57.1	80.4
Self most of the time	28.6	17.4

How will you support yourself? Money from. . . ($\chi^2(4) = 10.15, p < .05$)

	Inactive (%)	Active (%)
Government programs only	25.0	6.7
Both family and baby's father	10.0	31.1
Family, but not father	25.0	31.1
Baby's father, but not family	35.0	15.6
Don't know	5.0	15.5

What have you done to prepare for this baby? ($\chi^2(2) = 6.99, p < .05$)

	Inactive (%)	Active (%)
Nothing	45	14.9
Reading things, received things	45	70.2
Made toys, furniture and/or bought things	10	14.9

	Inactive (<u>M</u>)	Active (<u>M</u>)	<u>t</u>
Social service and prenatal care programs	1.6	2.3	2.54**
Health problems	2.5	3.7	1.94*
Knowledge of prenatal care and infant development	11.1	11.3	.28

*p < .10; **p < .05.